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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket No. IN-5742
		First Named Inventor John E. BOISSEAU et al.
		COMPLETE IF KNOWN
<input checked="" type="checkbox"/> Declaration or <input type="checkbox"/> Declaration		Application Number
Submitted with initial Filing	Submitted after initial Filing (surcharge (37 CFR 1.16 (e)) required	Filing Date September 30, 2004
		Group Art Unit
		Examiner Name

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SILANE-MODIFIED UV ABSORBERS AND COATINGS

(Title of the Invention)

The specification of which:

is attached hereto

Was filed on _____ as United States Application Serial Number _____.
was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application

I hereby claim foreign priority benefits under 35, U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365 (a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below, by checking the box, any foreign application(s) for patent or inventor's certificate, or any PCT international application(s) having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date DATE/MONTH/YEAR	Priority Not Claimed	Certified Copy Attached? Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application number are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER(S)	FILING DATE	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

County	United States of America	Telephone	(248) 948-2021	Fax	(248) 948-2093
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